

# United States Bankruptcy Court

## Eastern District of California

# Voluntary Petition

|   |  |
|---|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>MEDI-STOP HOME MEDICAL SUPPLIES, INC.</b>                                    | Name of Joint Debtor (Spouse) (Last, First, Middle):   |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):        |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)<br><b>77-0548310</b>       | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all) |
| Street Address of Debtor (No. and Street, City, and State):<br><b>815 34th Street<br/>Bakersfield, CA</b><br>ZIP Code<br><b>93301</b>         | Street Address of Joint Debtor (No. and Street, City, and State):<br><br>ZIP Code                                  |
| County of Residence or of the Principal Place of Business:<br><b>Kern</b>   | County of Residence or of the Principal Place of Business:   |
| Mailing Address of Debtor (if different from street address):<br><b>Post Office Box 40547<br/>Bakersfield, CA</b><br>ZIP Code<br><b>93384</b> | Mailing Address of Joint Debtor (if different from street address):<br><br>ZIP Code                                |

Location of Principal Assets of Business Debtor  
(if different from street address above):

|   |  |  |
|---|--|--|
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box)<br><input type="checkbox"/> Individual (includes Joint Debtors)<br>See Exhibit D on page 2 of this form.<br><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.) | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined<br>in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input checked="" type="checkbox"/> Other<br><b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization<br>under Title 26 of the United States<br>Code (the Internal Revenue Code). | <b>Chapter of Bankruptcy Code Under Which<br/>the Petition is Filed</b> (Check one box)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input checked="" type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Nonmain Proceeding |
|   |  | <b>Nature of Debts</b><br>(Check one box)<br><input type="checkbox"/> Debts are primarily consumer debts,<br>defined in 11 U.S.C. § 101(8) as<br>"incurred by an individual primarily for<br>a personal, family, or household purpose."<br><input checked="" type="checkbox"/> Debts are primarily<br>business debts.  |

|  |  |
|--|--|
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the<br>debtor is unable to pay fee except in installments. Rule 1006(b). See Official<br>Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B. | <b>Chapter 11 Debtors</b><br>Check one box:<br><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates)<br>are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors,<br>in accordance with 11 U.S.C. § 1126(b). |
|--|--|

### Statistical/Administrative Information

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☒ Debtor estimates that, after any exempt property is excluded and administrative expenses paid,  
there will be no funds available for distribution to unsecured creditors.

### Estimated Number of Creditors

|                               |   |                                  |                                  |                                      |                                       |  |  |   |                                       |
|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|--|--|---|---------------------------------------|
| <input type="checkbox"/> 1-49 | <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 100-199 | <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> OVER 100,000 |
|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|--|--|---|---------------------------------------|

### Estimated Assets

|  |   |   |   |  |   |  |   |   |  |
|--|---|---|---|--|---|--|---|---|--|
| <input type="checkbox"/> \$0 to \$50,000 | <input checked="" type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
|--|---|---|---|--|---|--|---|---|--|

### Estimated Liabilities

|  |  |   |  |  |   |  |   |   |  |
|--|--|---|--|--|---|--|---|---|--|
| <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input checked="" type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
|--|--|---|--|--|---|--|---|---|--|

THIS SPACE IS FOR COURT USE ONLY

2011-14550

FILED

April 19, 2011

5:09 PM

RELIEF ORDERED

CLERK, U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF CALIFORNIA

0003433260

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**MEDI-STOP HOME MEDICAL SUPPLIES, INC.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

|  |              |             |
|--|--------------|-------------|
| Location<br>Where Filed: <b>- None -</b> | Case Number: | Date Filed: |
| Location<br>Where Filed:                 | Case Number: | Date Filed: |

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

|                                    |               |             |
|------------------------------------|---------------|-------------|
| Name of Debtor:<br><b>- None -</b> | Case Number:  | Date Filed: |
| District:                          | Relationship: | Judge:      |

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

### Signature of Attorney\*

X **/s/ T. Scott Belden** \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**T. Scott Belden 184387** \_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

**Klein, DeNatale, Goldner,** \_\_\_\_\_  
Firm Name

**Cooper, Rosenlieb & Kimball, LLP**  
**4550 California Avenue, Second Floor**  
**Bakersfield, CA 93309**

\_\_\_\_\_  
Address

Email: **sbelden@kleinlaw.com**

**661-395-1000 Fax: 661-326-0418**

\_\_\_\_\_  
Telephone Number

**April 15, 2011** \_\_\_\_\_

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **/s/ MANUEL G. HERNANDEZ** \_\_\_\_\_  
Signature of Authorized Individual

**MANUEL G. HERNANDEZ** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Individual

**President** \_\_\_\_\_

\_\_\_\_\_  
Title of Authorized Individual

**April 15, 2011** \_\_\_\_\_

\_\_\_\_\_  
Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

X \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court  
Eastern District of California**

In re MEDI-STOP HOME MEDICAL SUPPLIES, INC.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

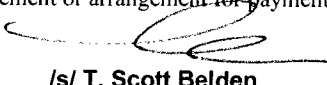
|   |                        |
|---|------------------------|
| For legal services, I have agreed to accept .....           | \$ <u>See Attached</u> |
| Prior to the filing of this statement I have received ..... | \$ <u>12,000.00</u>    |
| Balance Due .....   | \$ <u>See Attached</u> |

2. \$ 0.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
- Fees are based on hourly rates and subject to terms and conditions of the employment application to be filed with the Bankruptcy Court approval.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: April 15, 2011

  
/s/ T. Scott Belden  
T. Scott Belden 184387  
Klein, DeNatale, Goldner,  
Cooper, Rosenlieb & Kimball, LLP  
4550 California Avenue, Second Floor  
Bakersfield, CA 93309  
661-395-1000 Fax: 661-326-0418  
sbelden@kleinlaw.com

ATTACHMENT

Petitioner has agreed to pay Klein, DeNatale, Goldner, Cooper, Rosenlieb & Kimball ("Klein, DeNatale") a fee for legal services rendered in the present Chapter 11 bankruptcy proceeding based on the following fees schedule:

|                                    |                              |
|------------------------------------|------------------------------|
| T. Scott Belden                    | \$300.00 per hour            |
| Other Partners or Senior Attorneys | \$225.00 - \$320.00 per hour |
| Associate or Junior Attorneys      | \$155.00 - \$205.00 per hour |
| Legal Assistants                   | \$ 95.00 - \$150.00 per hour |

plus costs.

Petitioner has paid Klein, DeNatale a retainer of \$12,000.00. Klein, DeNatale applied \$2,862.50 to fees and costs incurred pre-petition. The balance of \$9,137.50 received from Medi-Stop Home Medical Supplies, Inc. will be credited against fees and costs incurred in its Chapter 11 case.

**United States Bankruptcy Court**  
**Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Debtor

Case No. \_\_\_\_\_

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS     | LIABILITIES | OTHER |
|--|----------------------|------------------|------------|-------------|-------|
| A - Real Property  | Yes                  | 1                | 0.00       |             |       |
| B - Personal Property  | Yes                  | 4                | 104,767.39 |             |       |
| C - Property Claimed as Exempt   | Yes                  | 1                |            |             |       |
| D - Creditors Holding Secured Claims   | Yes                  | 3                |            | 346,499.77  |       |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 3                |            | 6,711.56    |       |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 8                |            | 382,479.52  |       |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |            |             |       |
| H - Codebtors  | Yes                  | 2                |            |             |       |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                |            |             | 0.00  |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 1                |            |             | 0.00  |
| Total Number of Sheets of ALL Schedules  |                      | 25               |            |             |       |
| Total Assets   |                      |                  | 104,767.39 |             |       |
| Total Liabilities  |                      |                  |            | 735,690.85  |       |

**United States Bankruptcy Court**  
**Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Debtor

Case No. \_\_\_\_\_

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  |        |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  |        |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) |        |
| Student Loan Obligations (from Schedule F)  |        |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   |        |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           |        |
| TOTAL   |        |

**State the following:**

|   |  |
|---|--|
| Average Income (from Schedule I, Line 16)   |  |
| Average Expenses (from Schedule J, Line 18)   |  |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) |  |

**State the following:**

|  |  |  |
|--|--|--|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |  |  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             |  |  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |  |  |
| 4. Total from Schedule F   |  |  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |  |  |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|------------------------------------|--|-------------------------|
|--------------------------------------|---|------------------------------------|--|-------------------------|

None

|             |             |                      |
|-------------|-------------|----------------------|
| Sub-Total > | <b>0.00</b> | (Total of this page) |
|-------------|-------------|----------------------|

|         |             |
|---------|-------------|
| Total > | <b>0.00</b> |
|---------|-------------|

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|---|---|---|
| 1. Cash on hand  |                  | <b>Cash on Hand</b><br><b>Location: 815 34th Street, Bakersfield CA 93301</b>   | -   | <b>500.00</b>   |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>Money on Deposit</b><br>-----<br><b>Citizens Business Bank</b><br><b>1301 17th Street</b><br><b>Bakersfield, CA 93301</b><br>-----<br><b>Account Type: Checking</b><br><b>Account No. Ending in 6387</b><br><b>Account Balance: \$5,168.98</b> | -   | <b>5,168.98</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | <b>X</b>         |   |   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  | <b>X</b>         |   |   |   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b>         |   |   |   |
| 6. Wearing apparel.  | <b>X</b>         |   |   |   |
| 7. Furs and jewelry.   | <b>X</b>         |   |   |   |
| 8. Firearms and sports, photographic, and other hobby equipment.   | <b>X</b>         |   |   |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | <b>X</b>         |   |   |   |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b>         |   |   |   |

Sub-Total > **5,668.98**  
(Total of this page)

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|---|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b>         |   |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b>         |   |   |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b>         |   |   |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b>         |   |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b>         |   |   |   |
| 16. Accounts receivable.  |                  | <b>Accounts Receivable</b>                            | -   | <b>21,363.74</b>  |
|   |                  | Kern Regional Center: \$60.54                         |   |   |
|   |                  | Kern Family Health Care: \$360.55                     |   |   |
|   |                  | Medicare (Customer Portion): \$888.65                 |   |   |
|   |                  | Medicare/Medical: \$6118.58                           |   |   |
|   |                  | Medicare (Private Ins. Portion): \$6012.86            |   |   |
|   |                  | Medical: \$2,999.00                                   |   |   |
|   |                  | Insurance Claims: \$2,673.33                          |   |   |
|   |                  | Worker's Comp Claims: \$441.74                        |   |   |
|   |                  | <b>Collection Accounts assigned to HP Sears, Inc.</b> | -   | <b>13,728.81</b>  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |   |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <b>X</b>         |   |   |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <b>X</b>         |   |   |   |

Sub-Total > **35,092.55**  
(Total of this page)

Sheet **1** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                                     | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |  |   |   |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |  |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |  |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  |                  | <b>Business Licenses required to operate</b>                             | -   | <b>0.00</b>   |
|   |                  | <b>State of California - Home Medical Device Retail License</b>          |   |   |
|   |                  | <b>State of California - Home Medical Device Retail Exemptee License</b> |   |   |
|   |                  | <b>City of Bakersfield - Business Tax Certificate</b>                    |   |   |
|   |                  | <b>California State Board of Equalization - Seller's Permit</b>          |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |  |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>2002 GMC Safari Van</b>   | -   | <b>6,740.00</b>   |
|   |                  | <b>Mileage: 85,455</b>   |   |   |
|   |                  | <b>Condition: Fair</b>   |   |   |
|   |                  | <b>2008 GMC Savana 3500 Cargo Van</b>                                    | -   | <b>12,775.00</b>  |
|   |                  | <b>Mileage: 36,322</b>   |   |   |
|   |                  | <b>Condition: Fair</b>   |   |   |
| 26. Boats, motors, and accessories.   | <b>X</b>         |  |   |   |
| 27. Aircraft and accessories.   | <b>X</b>         |  |   |   |

Sub-Total > **19,515.00**  
(Total of this page)

Sheet **2** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|---|---|---|
| 28. Office equipment, furnishings, and supplies.                     |                  | <b>Office Equipment, furnishings and supplies</b><br>-----<br>(11) Computers<br>(9) Desks<br>(1) Fax Machine<br>(29) File Cabinets<br>(5) Bookshelves<br>(17) Chairs<br>(1) Closed Circuit Monitoring System<br>(3) Typewriters<br>(2) Copy Machines<br>(1) Cash Register<br>(3) Display Cases<br>(2) Scales<br>(1) Air Compressor<br>(1) Refrigerator<br>(1) Microwave<br>(1) Dining Table and Chairs<br>Location: 815 34th Street, Bakersfield CA 93301 | -   | <b>12,460.00</b>  |
| 29. Machinery, fixtures, equipment, and supplies used in business.   |                  | <b>Forklift</b><br>Location: 815 34th Street, Bakersfield CA 93301  | -   | <b>4,000.00</b>   |
|  |                  | <b>Miscellaneous Fixtures and equipment used in loading and offloading medical equipment and supplies</b><br>Location: 815 34th Street, Bakersfield CA 93301  | -   | <b>2,500.00</b>   |
| 30. Inventory.   |                  | <b>Inventory</b><br>-----<br><b>Medical Equipment and Supplies - cost value (List Available Upon Request)</b>   | -   | <b>25,530.86</b>  |
| 31. Animals.   | X                |   |   |   |
| 32. Crops - growing or harvested. Give particulars.                  | X                |   |   |   |
| 33. Farming equipment and implements.                                | X                |   |   |   |
| 34. Farm supplies, chemicals, and feed.                              | X                |   |   |   |
| 35. Other personal property of any kind not already listed. Itemize. | X                |   |   |   |

|                      |                   |
|----------------------|-------------------|
| Sub-Total >          | <b>44,490.86</b>  |
| (Total of this page) |                   |
| Total >              | <b>104,767.39</b> |

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re MEDI-STOP HOME MEDICAL SUPPLIES, INC.,  
Debtor

Case No. \_\_\_\_\_

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450. *(Amount subject to adjustment on 4/1/13, and every three years thereafter  
with respect to cases commenced on or after the date of adjustment.)*

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

| Description of Property | Specify Law Providing<br>Each Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|-------------------------|---|----------------------------------|---|
|-------------------------|---|----------------------------------|---|

**NONE.**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |  |
|--|------------------------------|------------------------------------|--|------------|--------------|----------|--|---------------------------------|--|
|  |                              |                                    |  |            |              |          |  |                                 |  |
| Account No. <b>x3391</b>   | X -                          |                                    | <b>7/2/2008</b>  |            |              |          |  |                                 |  |
| <b>AEL Financial</b><br><b>600 N. Buffalo Grove Road</b><br><b>Buffalo Grove, IL 60089</b>                       |                              |                                    | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |            |              |          |  |                                 |  |
|  |                              |                                    | Value \$ <b>Unknown</b>  |            |              |          | <b>18,056.46</b>   | <b>Unknown</b>                  |  |
| Account No. <b>28053391</b>  |                              |                                    | <b>ON BEHALF OF:<br/>AEL Financial</b>   |            |              |          | <b>Notice Only</b>   |                                 |  |
| <b>AEL Financial</b><br><b>Box 88046</b><br><b>Milwaukee, WI 53288-0046</b>                                      |                              |                                    |  |            |              |          |  |                                 |  |
|  |                              |                                    | Value \$   |            |              |          |  |                                 |  |
| Account No. <b>xxxx11-01</b>   | X -                          |                                    | <b>5/2006</b>  |            |              |          |  |                                 |  |
| <b>American Capital Group</b><br><b>8105 Irvine Center Drive</b><br><b>#250</b><br><b>Irvine, CA 92618</b>       |                              |                                    | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |            |              |          |  |                                 |  |
|  |                              |                                    | Value \$ <b>Unknown</b>  |            |              |          | <b>24,453.14</b>   | <b>Unknown</b>                  |  |
| Account No. <b>xxxxx9-002</b>  | X -                          |                                    | <b>2007</b>  |            |              |          |  |                                 |  |
| <b>Balboa Capital</b><br><b>2010 Main Street, 11th Floor</b><br><b>Irvine, CA 92614</b>                          |                              |                                    | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |            |              |          |  |                                 |  |
|  |                              |                                    | Value \$ <b>Unknown</b>  |            |              |          | <b>2,435.63</b>  | <b>Unknown</b>                  |  |
| Subtotal   |                              |                                    |  |            |              |          | <b>44,945.23</b>   | <b>0.00</b>                     |  |
| (Total of this page)   |                              |                                    |  |            |              |          |  |                                 |  |

2 continuation sheets attached

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E | D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|------------------|----------------------------|--|--|--|--|--------------------------------------|--|---------------------------------|
| Account No. <b>x2876</b>   |                  |                            |  | <b>3/2008</b>  |  |  |                                      |  |                                 |
| <b>BMT Leasing, Inc.<br/>Post Office Box 692<br/>Bryn Mawr, PA 19010-0692</b>                              |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |  |  |                                      |  |                                 |
|  |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>6,117.51</b>  | <b>Unknown</b>                  |
| Account No. <b>xxxxxxxx6596</b>  |                  |                            |  | <b>11/2009</b>   |  |  |                                      |  |                                 |
| <b>Dumac Leasing<br/>Exchange Bank<br/>444 Aviation Blvd., Dept. 230<br/>Santa Rosa, CA 95403</b>          |                  |                            | <b>X -</b>   | <b>Purchase Money Security interest in<br/>medical equipment and supplies.</b>                             |  |  |                                      |  |                                 |
|  |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>10,490.98</b>   | <b>Unknown</b>                  |
| Account No. <b>xxxxxxxx9226</b>  |                  |                            |  | <b>3/2010</b>  |  |  |                                      |  |                                 |
| <b>Dumac Leasing<br/>Exchange Bank<br/>444 Aviation Blvd., Dept. 230<br/>Santa Rosa, CA 95403</b>          |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |  |  |                                      |  |                                 |
|  |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>23,502.32</b>   | <b>Unknown</b>                  |
| Account No. <b>xxx-xxxxxx5-902, xxx xxd 904</b>  |                  |                            |  | <b>2008-2009</b>   |  |  |                                      |  |                                 |
| <b>Financial Pacific Leasing<br/>3455 S. 344th Way<br/>Federal Way<br/>Auburn, WA 98001</b>                |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in<br/>medical equipment and supplies.</b>                             |  |  |                                      |  |                                 |
|  |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>45,307.07</b>   | <b>Unknown</b>                  |
| Account No. <b>xxx-xxxxxx5-903</b>   |                  |                            |  | <b>3/2009</b>  |  |  |                                      |  |                                 |
| <b>Financial Pacific Leasing<br/>3455 S. 344th Way #300<br/>Auburn, WA 98001-9546</b>                      |                  |                            | <b>X -</b>   | <b>Personal Property Taxes<br/>for prior contract equipment.</b>   |  |  |                                      |  |                                 |
|  |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>649.44</b>  | <b>Unknown</b>                  |
| Subtotal   |                  |                            |  |  |  |  |                                      | <b>86,067.32</b>   | <b>0.00</b>                     |
| (Total of this page)   |                  |                            |  |  |  |  |                                      |  |                                 |

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)                      | C<br>O<br>D<br>E | D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|------------------|----------------------------|--|--|--|--|--------------------------------------|--|---------------------------------|
| Account No. <b>314.0951</b>   |                  |                            |  |  |  |  |                                      |  |                                 |
| <b>Spiwak and Iezza, LLP</b><br><b>Attorneys at Law</b><br><b>555 Marin Street, Suite 140</b><br><b>Thousand Oaks, CA 91360</b> |                  |                            |  | <b>ON BEHALF OF:</b><br><b>Financial Pacific Leasing</b>   |  |  |                                      | <b>Notice Only</b>   |                                 |
|   |                  |                            |  | Value \$   |  |  |                                      |  |                                 |
| Account No. <b>x1377</b>  |                  |                            |  | <b>11/2007</b>   |  |  |                                      |  |                                 |
| <b>First Lease</b><br><b>1300 Virginia Drive</b><br><b>Suite 450</b><br><b>Fort Washington, PA 19034</b>                        |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in</b><br><b>medical equipment and supplies.</b>                       |  |  |                                      |  |                                 |
|   |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>5,639.02</b>  | <b>Unknown</b>                  |
| Account No. <b>xxx-xxxx-x7459</b>   |                  |                            |  | <b>4/2008</b>  |  |  |                                      |  |                                 |
| <b>GMAC</b><br><b>PO Box 380902</b><br><b>Bloomington, MN 55438</b>   |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in</b><br><b>2008 GMC Savana 3500 Cargo Van</b>                        |  |  |                                      |  |                                 |
|   |                  |                            |  | Value \$ <b>12,775.00</b>  |  |  |                                      | <b>14,487.00</b>   | <b>1,712.00</b>                 |
| Account No. <b>xxxx8453</b>   |                  |                            |  | <b>Consolidated In 10/2010</b>   |  |  |                                      |  |                                 |
| <b>Invacare Corporation</b><br><b>Post Office Box 41602</b><br><b>Philadelphia, PA 19101-1602</b>                               |                  |                            | <b>X -</b>   | <b>Purchase Money Security Interest in</b><br><b>medical equipment and supplies.</b>                       |  |  |                                      |  |                                 |
|   |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>107,139.00</b>  | <b>Unknown</b>                  |
| Account No. <b>xxx-xxx0153</b>  |                  |                            |  | <b>Purchase Money Security Interest in</b>   |  |  |                                      |  |                                 |
| <b>VGM Financial Services</b><br><b>1111 West San Marnan Drive</b><br><b>Waterloo, IA 50701</b>                                 |                  |                            | <b>X -</b>   | <b>medical equipment and supplies</b><br><b>pursuant to various leases.</b>                                |  |  |                                      |  |                                 |
|   |                  |                            |  | Value \$ <b>Unknown</b>  |  |  |                                      | <b>88,222.20</b>   | <b>Unknown</b>                  |
| Subtotal  |                  |                            |  |  |  |  |                                      | <b>215,487.22</b>  | <b>1,712.00</b>                 |
| (Total of this page)  |                  |                            |  |  |  |  |                                      |  |                                 |
| Total   |                  |                            |  |  |  |  |                                      | <b>346,499.77</b>  | <b>1,712.00</b>                 |
| (Report on Summary of Schedules)  |                  |                            |  |  |  |  |                                      |  |                                 |

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims



In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)                    | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY<br><br>AMOUNT<br>ENTITLED TO<br>PRIORITY |
|--|---------------------------------|--|--|--|--|--------------------------------------|--------------------|--|
| Account No.  |                                 |  | For Notice Purposes Only                               |  |  |                                      |                    |  |
| Employment Development Department<br>800 Capitol Mall<br>P.O. Box 826215 MIC 3A<br>Sacramento, CA 94230-6215                   |                                 | -  |  |  |  |                                      | 0.00               | 0.00   |
| Account No.  |                                 |  | ON BEHALF OF:<br>Employment Development Department     |  |  |                                      | Notice Only        |  |
| Employment Development Department<br>Bankruptcy/Special Procedures Group<br>PO Box 826900 MIC 92E<br>Sacramento, CA 94280-0001 |                                 |  |  |  |  |                                      |                    |  |
| Account No.  |                                 |  | 2006 Income  |  |  |                                      |                    |  |
| Franchise Tax Board<br>P.O. Box 942867<br>Sacramento, CA 94267-0011  |                                 | -  |  |  |  |                                      | 0.00               | 0.00   |
| Account No.  |                                 |  | For Notice Purposes Only                               |  |  |                                      |                    |  |
| Internal Revenue Service<br>P.O. Box 21126, Stop N781<br>Philadelphia, PA 19114  |                                 | -  |  |  |  |                                      | 0.00               | 0.00   |
| Account No.  |                                 |  | ON BEHALF OF:<br>Internal Revenue Service              |  |  |                                      | Notice Only        |  |
| Internal Revenue Service<br>Special Procedures Branch<br>Stop #HQ 5430, P.O. Box 99<br>San Jose, CA 95103                      |                                 |  |  |  |  |                                      |                    |  |
| Subtotal   |                                 |  |  |  |  |                                      | 0.00               | 0.00   |
| (Total of this page)   |                                 |  |  |  |  |                                      | 0.00               | 0.00   |

Sheet 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re MEDI-STOP HOME MEDICAL SUPPLIES, INC.  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>O<br>W<br>N<br>E<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>W<br>I<br>F<br>E<br>J<br>O<br>I<br>N<br>T<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|--|---|---|--|--|--------------------------------------|--------------------|---|
|   |  |   |   |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No.   |  |   |   |  |  |                                      |                    |   |
| <b>U.S. Attorney (Atty for IRS)</b><br><b>2500 Tulare Street, Rm. 4401</b><br><b>Fresno, CA 93721</b>       |  |   | <b>ON BEHALF OF:</b><br><b>Internal Revenue Service</b> |  |  |                                      | <b>Notice Only</b> |   |
| Account No. <b>xxxx9266</b>   |  |   | <b>2010</b>   |  |  |                                      |                    |   |
| <b>State Board of Equalization</b><br><b>P.O. Box 942879</b><br><b>Sacramento, CA 94279</b>                 |  |   | <b>Sales and Use Tax</b>                                |  |  |                                      |                    | <b>0.00</b>                                   |
|   |  |   |   |  |  |                                      | <b>6,711.56</b>    | <b>6,711.56</b>                               |
| Account No.   |  |   |   |  |  |                                      |                    |   |
|   |  |   |   |  |  |                                      |                    |   |
| Account No.   |  |   |   |  |  |                                      |                    |   |
|   |  |   |   |  |  |                                      |                    |   |
| Account No.   |  |   |   |  |  |                                      |                    |   |
|   |  |   |   |  |  |                                      |                    |   |
| Subtotal  |  |   |   |  |  |                                      |                    | <b>0.00</b>                                   |
| (Total of this page)  |  |   |   |  |  |                                      | <b>6,711.56</b>    | <b>6,711.56</b>                               |
| Total   |  |   |   |  |  |                                      |                    | <b>0.00</b>                                   |
| (Report on Summary of Schedules)  |  |   |   |  |  |                                      | <b>6,711.56</b>    | <b>6,711.56</b>                               |

Sheet 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|--------------------------------------|------------------|---|--|--|--------------------------------------|------------------|
| Account No. <b>2720</b><br><br><b>Advanced Bookkeeping and<br/>Tax Preparation, Inc.</b><br><b>113 18th Street</b><br><b>Bakersfield, CA 93301</b>                    |                                      | -                | <b>2009 - 2011</b><br><b>Professional Services</b>  |  |  |                                      | <b>6,094.74</b>  |
| Account No. <b>medi-stop</b><br><br><b>Almil Nutritional Products, Inc.</b><br><b>Post Office Box 1632</b><br><b>La Mirada, CA 90637-1632</b>                         |                                      | -                | <b>1/2010 - present</b><br><b>Purchase of Inventory</b>   |  |  |                                      | <b>808.67</b>    |
| Account No. <b>xxxxxxxxxx-0000</b><br><br><b>AT&amp;T Advertising</b><br><b>170 W. Shaw Avenue</b><br><b>Fresno, CA 93704</b>   |                                      | -                | <b>2009-2010</b><br><b>Advertising</b>  |  |  |                                      | <b>21,100.88</b> |
| Account No. <b>x4061</b><br><br><b>Beaumont Products, Inc.</b><br><b>1560 Big Shanty Drive</b><br><b>Kennesaw, GA 30144</b>   |                                      | -                | <b>1/2010 - present</b><br><b>Purchase of inventory</b>   |  |  |                                      | <b>647.22</b>    |
| <div style="display: flex; justify-content: space-between;"> <span><u>7</u> continuation sheets attached</span> <span>Subtotal<br/>(Total of this page)</span> </div> |                                      |                  |   |  |  |                                      | <b>28,651.51</b> |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D,<br>W<br>I<br>F<br>E,<br>J<br>O<br>I<br>N<br>T,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.   | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM   |
|---|--|--|---|--|--|--------------------------------------|-------------------|
|   |  |  |   |  |  |                                      |                   |
| Account No. <b>xx7205</b><br><br><b>Briggs Corporation</b><br><b>Post Office Box 1355</b><br><b>Des Moines, IA 50305-1355</b>   |  | -  | <b>Purchase of Supplies</b>   |  |  |                                      | <b>177.65</b>     |
| Account No. <b>xx-xxx659-0</b><br><br><b>Broadway Federal Bank</b><br><b>4800 Wilshire Boulevard</b><br><b>Los Angeles, CA 90010</b>  | X  | -  | <b>2006</b><br><b>Guaranty of Commercial Loan obtained by</b><br><b>Manuel Hernandez secured by real property</b><br><b>located at 815 34th Street, Bakersfield, CA</b> | X  | X  |                                      | <b>287,004.89</b> |
| Account No.<br><br><b>Central Printing of Kern</b><br><b>1112 14th Street</b><br><b>Bakersfield, CA 93301</b>   |  | -  | <b>1/11/2011</b><br><b>Services Rendered</b>  |  |  |                                      | <b>233.86</b>     |
| Account No. <b>xx xxxxx4164</b><br><br><b>Century Marketing</b><br><b>12836 So. Ditie Hwy.</b><br><b>Bowling Green, OH 43402</b>  |  | -  | <b>Purchase of supplies</b>   |  |  |                                      | <b>332.84</b>     |
| Account No. <b>xx-xxxxstop</b><br><br><b>Creative Concepts</b><br><b>Post Office Box 11570</b><br><b>Bakersfield, CA 93389-1570</b>   |  | -  | <b>12/2010</b><br><b>Purchase of marketing materials</b>  |  |  |                                      | <b>101.36</b>     |
| <div> <div>Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of<br/>Creditors Holding Unsecured Nonpriority Claims</div> <div align="right"> Subtotal<br/>(Total of this page) </div> </div> |  |  |   |  |  |                                      | <b>287,850.60</b> |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E | D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|------------------|----------------------------|---|--|--|--------------------------------------|-----------------|
| Account No.   |                  |                            | 5/2010<br>Accountant Fees   |  |  |                                      |                 |
| Daniells Phillips Vaughan & Bock<br>300 New Stine Road<br>Bakersfield, CA 93309                               |                  | -                          |   |  |  |                                      | 267.60          |
| Account No. <b>xxS933</b>   |                  |                            | 1/24/2011<br>Purchase of inventory  |  |  |                                      |                 |
| Eagle Health Supplies, Inc.<br>535 W. Walnut Avenue<br>Orange, CA 92868                                       |                  | -                          |   |  |  |                                      | 155.48          |
| Account No. <b>xxx# xx-0098</b>   |                  |                            | 10/12/09<br>Services Rendered   |  |  |                                      |                 |
| Garcia Roofing, Inc.<br>201 Mt. Vernon Avenue<br>Bakersfield, CA 93307  |                  | -                          |   |  |  |                                      | 400.00          |
| Account No. <b>xxx1382</b>  |                  |                            | 1/2010<br>Purchase of inventory   |  |  |                                      |                 |
| Harmar Mobility<br>2075 47th Street<br>Sarasota, FL 34234   |                  | -                          |   |  |  |                                      | 500.00          |
| Account No. <b>xxxxx-xxx8760</b>  |                  |                            | Potential Lease deficiency  |  |  |                                      |                 |
| IKON Financial Services<br>Post Office 9115<br>Macon, GA 31208-9115   |                  | -                          |   |  |  |                                      | Unknown         |
| Subtotal<br>(Total of this page)  |                  |                            |   |  |  |                                      | 1,323.08        |

Sheet no. 2 of 7 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)        | C<br>O<br>D<br>E | D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|--|------------------|----------------------------|---|--|--|--------------------------------------|-----------------|
| Account No. <b>xxx5431</b>   |                  |                            | <b>2008 - present</b>   |  |  |                                      |                 |
| <b>Julius Zorn, Inc.</b><br><b>3690 Zorn Drive</b><br><b>Post Office Box 1088</b><br><b>Cuyahoga Falls, OH 44223</b> |                  | -                          | <b>Purchase of inventory</b>  |  |  |                                      | <b>987.87</b>   |
| Account No. <b>xx9920</b>  |                  |                            | <b>4/2010 - present</b>   |  |  |                                      |                 |
| <b>Karman Healthcare, Inc.</b><br><b>19255 San Jose Avenue</b><br><b>Rowland Heights, CA 91748</b>                   |                  | -                          | <b>Purchase of inventory</b>  |  |  |                                      | <b>2,477.00</b> |
| Account No.  |                  |                            | <b>12/17/2009</b>   |  |  |                                      |                 |
| <b>Logo World</b><br><b>136 Blackfoot Trail</b><br><b>Gainesville, TX 76240</b>                                      |                  | -                          | <b>Purchase of Marketing Supplies</b>   |  |  |                                      | <b>240.00</b>   |
| Account No.  |                  |                            | <b>11/2010</b>  |  |  |                                      |                 |
| <b>May Media Service</b><br><b>29 Oleander</b><br><b>Bakersfield, CA 93304</b>                                       |                  | -                          | <b>Marketing Expenses</b>   |  |  |                                      | <b>996.00</b>   |
| Account No. <b>xxxxxx-xx2900</b>   |                  |                            | <b>11/2010</b>  |  |  |                                      |                 |
| <b>McBee Systems, Inc.</b><br><b>Post Office Box 88042</b><br><b>Chicago, IL 60680-1042</b>                          |                  | -                          | <b>Purchase of Supplies</b>   |  |  |                                      | <b>433.17</b>   |
| Subtotal<br>(Total of this page)   |                  |                            |   |  |  |                                      | <b>5,134.04</b> |

Sheet no. 3 of 7 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E | D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D | W<br>I<br>F<br>E | J<br>O<br>I<br>N<br>T | C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|--|------------------|----------------------------|---------------------------------|------------------|-----------------------|---|---|--|--|--------------------------------------|------------------|
| Account No.  |                  |                            |                                 |                  |                       |   | 6/18/2010<br>Professional Services  |  |  |                                      | <b>198.00</b>    |
| <b>Metro Record Storage and Shredding</b><br>2929 16th Street<br>Bakersfield, CA 93301   |                  |                            |                                 |                  |                       |   |   |  |  |                                      |                  |
| Account No. <b>xxx9920</b>   |                  |                            |                                 |                  |                       |   | 9/2010 - present<br>Purchase of Inventory   |  |  |                                      | <b>432.37</b>    |
| <b>Nova Ortho-Med, Inc.</b><br>1470 Beachey Place<br>Carson, CA 90746  |                  |                            |                                 |                  |                       |   |   |  |  |                                      |                  |
| Account No.  |                  |                            |                                 |                  |                       |   | Purchase of inventory   |  |  |                                      | <b>21,391.74</b> |
| <b>Pacific West Medical</b><br>10859 Venice Blvd.<br>Los Angeles, CA 90034   |                  |                            |                                 |                  |                       |   |   |  |  |                                      |                  |
| Account No. <b>xx6881</b>  |                  |                            |                                 |                  |                       |   | Lease Arrearages  |  |  |                                      | <b>2,865.75</b>  |
| <b>Pawnee Leasing Corporation</b><br>700 Centre Avenue<br>Fort Collins, CO 80526   |                  |                            |                                 |                  |                       |   |   |  |  |                                      |                  |
| Account No. <b>xxx9011</b>   |                  |                            |                                 |                  |                       |   | 12/14/2009<br>Lease arrearages  |  |  |                                      | <b>394.30</b>    |
| <b>Pitney Bowes Global Financial</b><br>Services<br>Post Office Box 371887<br>Pittsburgh, PA 15250-7887  |                  |                            |                                 |                  |                       |   |   |  |  |                                      |                  |
| <div style="display: flex; justify-content: space-between;"> <span>Sheet no. <b>4</b> of <b>7</b> sheets attached to Schedule of<br/>Creditors Holding Unsecured Nonpriority Claims</span> <span>Subtotal<br/>(Total of this page)</span> </div> |                  |                            |                                 |                  |                       |   |   |  |  |                                      | <b>25,282.16</b> |



In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>D<br>E<br>B<br>I<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>,<br>W<br>I<br>F<br>E<br>,<br>J<br>O<br>I<br>N<br>T<br>,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|---|--|---|--|--|--------------------------------------|------------------|
| Account No. <b>xxxx-xxxx-xxxx-5717</b><br><br><b>Pitney Bowes Purchase Power</b><br><b>Post Office Box 371874</b><br><b>Pittsburgh, PA 15250-7874</b> | -   |  | <b>9/13/2009</b><br><b>Postage</b>  |  |  |                                      | <b>1,248.86</b>  |
| Account No. <b>xxxxx3966</b><br><br><b>Practice Management Information Corp.</b><br><b>4727 Wilshire Blvd.</b><br><b>Los Angeles, CA 90010</b>        | -   |  | <b>8/2010- present</b><br><b>Purchase of Medical Code books</b>                                     |  |  |                                      | <b>155.61</b>    |
| Account No. <b>x0069</b><br><br><b>Pride Mobility Products Corp.</b><br><b>182 Susquehanna Avenue</b><br><b>Pittston, PA 18643-2694</b>               | -   |  | <b>2010 - present</b><br><b>Purchase of Inventory</b>   |  |  |                                      | <b>27,286.45</b> |
| Account No. <b>xxxx3301</b><br><br><b>Reid Industries dba Pikstik</b><br><b>Post Office Box 503</b><br><b>San Francisco, CA 94104</b>                 | -   |  | <b>2/2011</b><br><b>Purchase of inventory</b>   |  |  |                                      | <b>147.78</b>    |
| Account No. <b>xx-xxx-x972-5</b><br><br><b>Shell Fleet</b><br><b>Post Office Box 689010</b><br><b>Des Moines, IA 50368-9010</b>                       | -   |  | <b>Purchase of Fuel</b>   |  |  |                                      | <b>3,900.03</b>  |
| Subtotal<br>(Total of this page)  |   |  |   |  |  |                                      | <b>32,738.73</b> |

Sheet no. **5** of **7** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                  |
|--|--------------------------------------|------------------------------------|------------------|---|--|--|--------------------------------------|--|
| Account No. <b>x0258</b><br><br><b>Sigvaris, Inc.</b><br><b>1119 Highway 74 South</b><br><b>Peachtree City, GA 30269</b>                     |                                      | Husband, Wife, Joint, or Community | -                | <b>5/2010 - present</b><br><b>Purchase of inventory</b>   |  |  |                                      | <b>182.82</b>                                    |
| Account No. <b>x6182</b><br><br><b>Stinson Stationers</b><br><b>Post Office Box 339</b><br><b>Bakersfield, CA 93385</b>                      |                                      | Husband, Wife, Joint, or Community | -                | <b>11/2010 - present</b><br><b>Purchase of office supplies</b>                                      |  |  |                                      | <b>189.09</b>                                    |
| Account No. <b>xxxx0419</b><br><br><b>TeleCheck Services, Inc.</b><br><b>Post Office Box 60028</b><br><b>City of Industry, CA 91716-0028</b> |                                      | Husband, Wife, Joint, or Community | -                | <b>6/2010 - present</b><br><b>Services rendered</b>   |  |  |                                      | <b>403.90</b>                                    |
| Account No. <b>xx4916</b><br><br><b>The W.E. Bassett Co.</b><br><b>100 Trap Falls Road</b><br><b>Shelton, CT 06484</b>                       |                                      | Husband, Wife, Joint, or Community | -                | <b>2/2010 - present</b><br><b>Purchase of inventory</b>   |  |  |                                      | <b>263.37</b>                                    |
| Account No. <b>xxS023</b><br><br><b>Tri-Quality, Inc.</b><br><b>Nu-Tec</b><br><b>8590 Younger Creek Drive</b><br><b>Sacramento, CA 95828</b> |                                      | Husband, Wife, Joint, or Community | -                | <b>1/2010</b><br><b>Purchase of inventory</b>   |  |  |                                      | <b>129.22</b>                                    |
| Sheet no. <b>6</b> of <b>7</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                              |                                      |                                    |                  |   |  |  |                                      | Subtotal<br>(Total of this page) <b>1,168.40</b> |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>D<br>E<br>B<br>I<br>T<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|---|------------------|---|--|--|--------------------------------------|-----------------|
|   |   |                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                 |
| Account No.   |   |                  | 1/2011  |  |  |                                      |                 |
| <b>Vanguard Medical</b><br><b>2651 NW 55th Court</b><br><b>Fort Lauderdale, FL 33309</b>                      |   | -                | <b>Purchase of inventory</b>  |  |  |                                      | <b>331.00</b>   |
| Account No.   |   |                  |   |  |  |                                      |                 |
|   |   |                  |   |  |  |                                      |                 |
| Account No.   |   |                  |   |  |  |                                      |                 |
|   |   |                  |   |  |  |                                      |                 |
| Account No.   |   |                  |   |  |  |                                      |                 |
|   |   |                  |   |  |  |                                      |                 |
| Account No.   |   |                  |   |  |  |                                      |                 |
|   |   |                  |   |  |  |                                      |                 |

Sheet no. 7 of 7 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**331.00**

Total  
(Report on Summary of Schedules)

**382,479.52**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract                    | Description of Contract or Lease and Nature of Debtor's Interest.<br>State whether lease is for nonresidential real property.<br>State contract number of any government contract.   |
|--|--|
| <b>Canon Financial Services, Inc.<br/>14904 Collections Center Drive<br/>Chicago, IL 60693</b>         | <b>Lease Type: Equipment Lease<br/>Description: Image Runner C5045 copier<br/>Lease Term: \$494.00 per month plus usage<br/>overage charges for 60 months<br/>Beginning Date: February 2010</b>  |
| <b>Pawnee Leasing Corporation<br/>700 Centre Avenue<br/>Fort Collins, CO 80526</b>                     | <b>Lease Type: Equipment Lease<br/>Description of Property: Medical Equipment<br/>Lease Term: \$1,392.50 per month for 37 months<br/>Beginning Date: 2/1/2008<br/>Debtor's Interest: Lessee<br/>Buyout Option: Purchase all equipment for Fair<br/>Market Value or 10% of purchase price</b> |
| <b>PayCycle</b>  | <b>Contract Type: Payroll Service<br/>Terms: Service Fee billed per pay-period based on<br/>disbursements</b>  |
| <b>Pitney Bowes Global Financial Services<br/>Post Office Box 371887<br/>Pittsburgh, PA 15250-7887</b> | <b>Lease Type: Equipment Lease<br/>Description: Postage Meter, Scale and<br/>Professional Installation including unlimited<br/>Postage<br/>Lease Term: \$123.00 per Quarter for 21 Quarters<br/>Beginning Date: 12/2009</b>  |
| <b>Various Customers</b>   | <b>Contract Type: Equipment Rentals<br/>Contract Terms: Various monthly rental contracts<br/>Debtor's Interest: Lessor</b>   |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR  |
|---|---|
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Broadway Federal Bank</b><br><b>4800 Wilshire Boulevard</b><br><b>Los Angeles, CA 90010</b>                      |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>AEL Financial</b><br><b>600 N. Buffalo Grove Road</b><br><b>Buffalo Grove, IL 60089</b>                          |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>BMT Leasing, Inc.</b><br><b>Post Office Box 692</b><br><b>Bryn Mawr, PA 19010-0692</b>                           |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Dumac Leasing</b><br><b>Exchange Bank</b><br><b>444 Aviation Blvd., Dept. 230</b><br><b>Santa Rosa, CA 95403</b> |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Financial Pacific Leasing</b><br><b>3455 S. 344th Way</b><br><b>Federal Way</b><br><b>Auburn, WA 98001</b>       |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>First Lease</b><br><b>1300 Virginia Drive</b><br><b>Suite 450</b><br><b>Fort Washington, PA 19034</b>            |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Pawnee Leasing Corporation</b><br><b>700 Centre Avenue</b><br><b>Fort Collins, CO 80526</b>                      |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>American Capital Group</b><br><b>8105 Irvine Center Drive</b><br><b>#250</b><br><b>Irvine, CA 92618</b>          |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Balboa Capital</b><br><b>2010 Main Street, 11th Floor</b><br><b>Irvine, CA 92614</b>                             |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Dumac Leasing</b><br><b>Exchange Bank</b><br><b>444 Aviation Blvd., Dept. 230</b><br><b>Santa Rosa, CA 95403</b> |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE H - CODEBTORS**  
(Continuation Sheet)

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR  |
|---|---|
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Financial Pacific Leasing</b><br><b>3455 S. 344th Way #300</b><br><b>Auburn, WA 98001-9546</b> |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>GMAC</b><br><b>PO Box 380902</b><br><b>Bloomington, MN 55438</b>                               |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>Invacare Corporation</b><br><b>Post Office Box 41602</b><br><b>Philadelphia, PA 19101-1602</b> |
| <b>Manuel Hernandez</b><br><b>815 34th Street</b><br><b>Bakersfield, CA 93301</b> | <b>VGM Financial Services</b><br><b>1111 West San Marnan Drive</b><br><b>Waterloo, IA 50701</b>   |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

|                          |                                  |         |
|--------------------------|----------------------------------|---------|
| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE  |         |
|                          | RELATIONSHIP(S):<br><b>None.</b> | AGE(S): |
| <b>Employment:</b>       | DEBTOR                           | SPOUSE  |
| Occupation               |                                  |         |
| Name of Employer         |                                  |         |
| How long employed        |                                  |         |
| Address of Employer      |                                  |         |

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

|                |                |
|----------------|----------------|
| DEBTOR         | SPOUSE         |
| \$ <u>0.00</u> | \$ <u>0.00</u> |

2. Estimate monthly overtime

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

3. SUBTOTAL

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

b. Insurance

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

c. Union dues

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

d. Other (Specify): \_\_\_\_\_

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

5. SUBTOTAL OF PAYROLL DEDUCTIONS

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

6. TOTAL NET MONTHLY TAKE HOME PAY

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

7. Regular income from operation of business or profession or farm (Attach detailed statement)

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

8. Income from real property

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

9. Interest and dividends

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

11. Social security or government assistance

(Specify): \_\_\_\_\_

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

12. Pension or retirement income

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

13. Other monthly income

(Specify): \_\_\_\_\_

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

14. SUBTOTAL OF LINES 7 THROUGH 13

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

|                |                |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

|                |  |
|----------------|--|
| \$ <u>0.00</u> |  |
|----------------|--|

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re MEDI-STOP HOME MEDICAL SUPPLIES, INC.

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |                             |    |             |
|--|-----------------------------|----|-------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  |                             | \$ | <u>0.00</u> |
| a. Are real estate taxes included?   | Yes <u>    </u> No <u>X</u> |    |             |
| b. Is property insurance included?   | Yes <u>    </u> No <u>X</u> |    |             |
| 2. Utilities:  |                             | \$ | <u>0.00</u> |
| a. Electricity and heating fuel  |                             | \$ | <u>0.00</u> |
| b. Water and sewer   |                             | \$ | <u>0.00</u> |
| c. Telephone   |                             | \$ | <u>0.00</u> |
| d. Other   |                             | \$ | <u>0.00</u> |
| 3. Home maintenance (repairs and upkeep)   |                             | \$ | <u>0.00</u> |
| 4. Food  |                             | \$ | <u>0.00</u> |
| 5. Clothing  |                             | \$ | <u>0.00</u> |
| 6. Laundry and dry cleaning  |                             | \$ | <u>0.00</u> |
| 7. Medical and dental expenses   |                             | \$ | <u>0.00</u> |
| 8. Transportation (not including car payments)   |                             | \$ | <u>0.00</u> |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  |                             | \$ | <u>0.00</u> |
| 10. Charitable contributions   |                             | \$ | <u>0.00</u> |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |                             |    |             |
| a. Homeowner's or renter's   |                             | \$ | <u>0.00</u> |
| b. Life  |                             | \$ | <u>0.00</u> |
| c. Health  |                             | \$ | <u>0.00</u> |
| d. Auto  |                             | \$ | <u>0.00</u> |
| e. Other   |                             | \$ | <u>0.00</u> |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |                             |    |             |
| (Specify)  |                             | \$ | <u>0.00</u> |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |                             |    |             |
| a. Auto  |                             | \$ | <u>0.00</u> |
| b. Other   |                             | \$ | <u>0.00</u> |
| c. Other   |                             | \$ | <u>0.00</u> |
| 14. Alimony, maintenance, and support paid to others   |                             | \$ | <u>0.00</u> |
| 15. Payments for support of additional dependents not living at your home  |                             | \$ | <u>0.00</u> |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   |                             | \$ | <u>0.00</u> |
| 17. Other  |                             | \$ | <u>0.00</u> |
| Other  |                             | \$ | <u>0.00</u> |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |                             | \$ | <u>0.00</u> |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                 |                             |    |             |
| 20. STATEMENT OF MONTHLY NET INCOME  |                             |    |             |
| a. Average monthly income from Line 15 of Schedule I   |                             | \$ | <u>0.00</u> |
| b. Average monthly expenses from Line 18 above   |                             | \$ | <u>0.00</u> |
| c. Monthly net income (a. minus b.)  |                             | \$ | <u>0.00</u> |



**United States Bankruptcy Court  
Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**  
Debtor(s)


Case No. \_\_\_\_\_  
Chapter **11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **26** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **April 15, 2011**

  
Signature **/s/ MANUEL G. HERNANDEZ**  
**MANUEL G. HERNANDEZ**  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Debtor(s)

Case No.

Chapter

**11**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$273,099.57**

SOURCE  
**July 2010 - February 2011 YTD: Debtor Operation of Business (Debtor operates on Fiscal Year July 1 - June 30)**

**\$667,999.00****2009: Debtor Operation of business****\$777,268.00****2008: Debtor Operation of business**

## 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

## 3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR | DATES OF<br>PAYMENTS | AMOUNT PAID | AMOUNT STILL<br>OWING |
|---------------------------------|----------------------|-------------|-----------------------|
|---------------------------------|----------------------|-------------|-----------------------|

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR   | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|--|------------------------------------|--|-----------------------|
| <b>*State Board of Equalization</b><br><b>P.O. Box 942879</b><br><b>Sacramento, CA 94279</b> | <b>Monthly (2500.00)</b>           | <b>\$7,500.00</b>                          | <b>\$815.00</b>       |
| <b>Pacific West Medical</b><br><b>10859 Venice Blvd.</b><br><b>Los Angeles, CA 90034</b>     | <b>12/7/2010 - 3/1/2011</b>        | <b>\$11,690.35</b>                         | <b>\$0.00</b>         |

None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR  | DATE OF PAYMENT  | AMOUNT PAID        | AMOUNT STILL<br>OWING |
|---|--|--------------------|-----------------------|
| <b>Broadway Federal Bank</b><br><b>170 No. Market Street</b><br><b>Inglewood, CA 90301</b><br><b>None - Debt owed by Debtor's principal</b> | <b>Monthly mortgage payment</b><br><b>for property located at 815</b><br><b>34th Street, Bakersfield, CA</b><br><b>93301</b> | <b>\$28,876.10</b> | <b>\$287,004.89</b>   |

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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**4. Suits and administrative proceedings, executions, garnishments and attachments**

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|  |  |  |   |
|--|--|--|---|
| CAPTION OF SUIT<br>AND CASE NUMBER<br><b>Financial Pacific Leasing, LLC</b><br>v.<br><b>Medi-Stop Home Medical Supplies, Inc.</b><br>Case No. S-1500-CV-271364 | NATURE OF<br>PROCEEDING<br><b>Complaint for<br/>Breach of<br/>Contract</b> | COURT OR AGENCY<br>AND LOCATION<br><b>Kern County Superior Court</b><br><b>1415 Truxtun Avenue</b><br><b>Bakersfield, CA 93301</b> | STATUS OR<br>DISPOSITION<br><b>Settled and<br/>Dismissed on<br/>or about<br/>11/12/2010</b> |
|--|--|--|---|

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|   |                 |                                      |
|---|-----------------|--------------------------------------|
| NAME AND ADDRESS OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|-----------------|--------------------------------------|

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**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|   |  |                                      |
|---|--|--------------------------------------|
| NAME AND ADDRESS OF<br>CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|--|--------------------------------------|

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**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                              |                       |                                   |
|------------------------------|-----------------------|-----------------------------------|
| NAME AND ADDRESS OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                                  |  |                  |                                      |
|----------------------------------|--|------------------|--------------------------------------|
| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION AND VALUE OF<br>PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|

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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|   |                                   |              |                                  |
|---|-----------------------------------|--------------|----------------------------------|
| NAME AND ADDRESS OF<br>PERSON OR ORGANIZATION | RELATIONSHIP TO<br>DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND<br>VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|

**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE<br>OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE  | DATE OF PAYMENT,<br>NAME OF PAYOR IF OTHER<br>THAN DEBTOR        | AMOUNT OF MONEY<br>OR DESCRIPTION AND VALUE<br>OF PROPERTY   |
|---|--|--|
| Klein, DeNatale Goldner,<br>Cooper, Rosenlieb & Kimball, LLP<br>4550 California Avenue<br>Second Floor<br>Bakersfield, CA 93309 | 2/11/2011<br>2/14/2011<br>3/25/2011<br>4/7/2011<br>4/19/2011     | \$12,000.00 retainer paid to<br>Klein, Denatale for Chapter 11<br>case.  |
| Management Strategies Group   | **See Exhibit "1" attached to Statement<br>of Financial Affairs. | **   |
| Law Offices of Leonard K. Welsh<br>4550 California Avenue, Second Floor<br>Bakersfield, CA 93309                                | 8/2010 (\$1500.00), 2/2011 (833.50) and<br>4/2011 (\$598.50)     | \$1,500.00 and \$1,432.00 -<br>Funds represent fees for<br>bankruptcy consultation and<br>pre-bankruptcy assistance. |

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED<br>AND VALUE RECEIVED |
|---|------|---|
|---|------|---|

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND<br>VALUE OF PROPERTY OR DEBTOR'S INTEREST<br>IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION  | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING                               |
|--|--|--|
| <b>Wells Fargo Bank</b><br><b>1300 22nd Street</b><br><b>Bakersfield, CA 93301</b> | <b>Account Type: Checking</b><br><b>Account No. Ending in 7558</b>               | <b>Closing Balance: \$0.00</b><br><b>Closing Date: 2/16/2011</b> |

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY  | LOCATION OF PROPERTY  |
|---------------------------|--|---|
| <b>Various Lessors</b>    | <b>Medical Equipment and Supplies</b><br><b>leased/purchased from various creditors</b><br><b>listed in Schedules D and G.</b> | <b>815 34th Street</b><br><b>Bakersfield, CA 93301</b><br><br><b>Some property has been leased to</b><br><b>clients and is in the possession of</b><br><b>Debtor's clients.</b> |

**15. Prior address of debtor**

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

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**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

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**18 . Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME   | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS  | NATURE OF BUSINESS                                  | BEGINNING AND<br>ENDING DATES |
|--|--|--|---|-------------------------------|
| <b>Medi-Stop Home<br/>Medical Supplies,<br/>Inc.</b> | <b>77-0548310</b>  | <b>815 34th Street<br/>Bakersfield, CA 93301</b> | <b>Rental and Sale of Home<br/>Medical Supplies</b> | <b>1997 to present</b>        |

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

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#### 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**M.J. Daillak Accountants, Inc.**  
**113 18th Street**  
**Bakersfield, CA 93301**

DATES SERVICES RENDERED  
**11/2006 to present**

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS |
|------|---------|
|------|---------|

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME  
**M.J. Daillak Accountants, Inc.**  
**ALL BOOKS AND RECORDS ARE AVAILABLE.**

ADDRESS  
**113 18th Street**  
**Bakersfield, CA 93301**

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS  
**Dumac Leasing**  
**Exchange Bank**  
**444 Aviation Blvd., Dept. 230**  
**Santa Rosa, CA 95403**

DATE ISSUED  
**11/2009**

**American Capital Group**  
**8105 Irvine Center Drive**  
**#250**  
**Irvine, CA 92618**

**9/2009**



## NAME AND ADDRESS

**Providence Capital Funding, LLC**  
**Post Office Box 4568**  
**Federal Way, WA 98063**

## DATE ISSUED

**3/2009**

**Invacare Corporation**  
**Post Office Box 41602**  
**Philadelphia, PA 19101-1602**

**Various dates**

**VGM Financial Services**  
**1111 West San Marnan Drive**  
**Waterloo, IA 50701**

**Various Dates**

**Citizens Business Bank**  
**7110 N. First St.**  
**Fresno, CA 93720**

**5/2010**

**Bank of the Sierra**  
**5060 California Avenue**  
**Bakersfield, CA 93309**

**6/2010**

**Fisher Financial, LLC**  
**200 W. 57th Street**  
**Suite 602**  
**New York, NY 10019**

**1/2011**

**Direct Capital Corp.**  
**155 Commerce Way**  
**Portsmouth, NH 03801**

**1/2011**

**Valley Small Business**  
**Development Corporation**  
**7035 N. Fruit**  
**Fresno, CA 93711**

**1/2011**

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**20. Inventories**

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

**March 2011**

INVENTORY SUPERVISOR

**Manuel Hernandez**

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

**\$25,530.86 (Cost Value)**

None



b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

**March 2011**

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
 RECORDS

**Manuel Hernandez**

**815 34th Street**

**Bakersfield, CA 93301**

---

**21 . Current Partners, Officers, Directors and Shareholders**

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS  | TITLE            | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP                  |
|---|------------------|--|
| <b>Manuel Hernandez</b><br><b>8300 Stuart Court</b><br><b>Bakersfield, CA 93311</b> | <b>President</b> | <b>100% of Stock</b><br><b>10,000 shares of Common Stock</b> |

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#### 22 . Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

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#### 23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR   | DATE AND PURPOSE<br>OF WITHDRAWAL   | AMOUNT OF MONEY<br>OR DESCRIPTION AND<br>VALUE OF PROPERTY |
|---|---|--|
| <b>Manuel Hernandez</b><br><b>8300 Stuart Court</b><br><b>Bakersfield, CA 93311</b><br><b>Debtor's sole shareholder and principal</b> | <b>See Exhibit "2" Attached to Statement of</b><br><b>Financial Affairs re Itemization of</b><br><b>Withdrawals</b> | <b>\$12,232.43</b>   |

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#### 24. Tax Consolidation Group.

- None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

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#### 25. Pension Funds.


- None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing ~~statement~~ of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date April 15, 2011

Signature  /s/ MANUEL G. HERNANDEZ  
**MANUEL G. HERNANDEZ**  
**President**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

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04/16/11

## MEDI-STOP HOME MEDICAL SUPPLIER

## Vendor QuickReport

April 1, 2010 through April 16, 2011

| Type                               | Date       | Num   | Memo  | Account                | Clr | Split             | Amount    |
|------------------------------------|------------|-------|-------|------------------------|-----|-------------------|-----------|
| <b>MANAGEMENT STRATEGIES GROUP</b> |            |       |       |                        |     |                   |           |
| Bill                               | 6/12/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -2,925.00 |
| Bill Pmt -Check                    | 6/14/2010  | 32612 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -2,925.00 |
| Bill                               | 7/7/2010   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -637.50   |
| Bill Pmt -Check                    | 7/7/2010   | 32657 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -637.50   |
| Bill                               | 7/12/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -600.00   |
| Bill Pmt -Check                    | 7/12/2010  | 32668 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -600.00   |
| Bill                               | 7/19/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -600.00   |
| Bill Pmt -Check                    | 7/19/2010  | 32686 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -600.00   |
| Bill                               | 7/26/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -600.00   |
| Bill Pmt -Check                    | 7/26/2010  | 32706 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -600.00   |
| Bill                               | 8/2/2010   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 8/2/2010   | 32728 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 8/6/2010   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 8/9/2010   | 32742 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 8/16/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -1,478.75 |
| Bill Pmt -Check                    | 8/16/2010  | 32765 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -1,478.75 |
| Bill                               | 8/24/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -1,478.75 |
| Bill Pmt -Check                    | 8/24/2010  | 32783 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -1,478.75 |
| Bill                               | 8/30/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -1,478.75 |
| Bill Pmt -Check                    | 8/30/2010  | 32801 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -1,478.75 |
| Bill                               | 9/8/2010   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -1,023.75 |
| Bill Pmt -Check                    | 9/8/2010   | 32816 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -1,023.75 |
| Bill                               | 9/15/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 9/15/2010  | 32829 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 9/23/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 9/23/2010  | 32847 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 10/1/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 10/1/2010  | 32871 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 10/6/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 10/6/2010  | 32886 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 10/14/2010 |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -731.25   |
| Bill Pmt -Check                    | 10/15/2010 | 32901 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -731.25   |
| Bill                               | 10/21/2010 |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 10/21/2010 | 32921 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 10/29/2010 |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 10/29/2010 | 32947 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 11/8/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 11/9/2010  | 32971 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 11/17/2010 |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 11/17/2010 | 32995 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 11/23/2010 |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 11/23/2010 | 33012 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 12/6/2010  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 12/6/2010  | 33033 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 1/4/2011   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 1/4/2011   | 33109 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 1/11/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -795.50   |
| Bill Pmt -Check                    | 1/11/2011  | 33128 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -795.50   |
| Bill                               | 1/22/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 1/22/2011  | 33160 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 2/7/2011   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -1,000.00 |
| Bill Pmt -Check                    | 2/7/2011   | 33200 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -1,000.00 |
| Bill                               | 2/17/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 2/17/2011  | 33232 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 3/4/2011   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 3/4/2011   | 33270 |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 3/10/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 3/11/2011  | 33286 |       | 109 · CBB Checking...  |     | 200 · Accounts... | -500.00   |
| Bill                               | 3/17/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -650.00   |
| Bill Pmt -Check                    | 3/18/2011  | 33302 |       | 109 · CBB Checking...  | *   | 200 · Accounts... | -650.00   |
| Bill                               | 3/23/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -500.00   |
| Bill Pmt -Check                    | 3/23/2011  |       |       | 109 · CBB Checking...  | X   | 200 · Accounts... | -500.00   |
| Bill                               | 3/25/2011  |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -656.25   |
| Bill Pmt -Check                    | 3/25/2011  |       | VOID: | 109 · CBB Checking...  | X   | 200 · Accounts... | 0.00      |
| Bill Pmt -Check                    | 3/25/2011  | 33322 |       | 109 · CBB Checking...  | *   | 200 · Accounts... | -656.25   |
| Bill                               | 4/6/2011   |       |       | 200 · Accounts Paya... |     | 4600 · PROFE...   | -3,597.00 |

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**MEDI-STOP HOME MEDICAL SUPPLIER**  
**Vendor QuickReport**  
**April 1, 2010 through April 16, 2011**

| Type            | Date      | Num   | Memo | Account               | Clr | Split             | Amount    |
|-----------------|-----------|-------|------|-----------------------|-----|-------------------|-----------|
| Bill Pmt -Check | 4/6/2011  | 33339 |      | 109 · CBB Checking... | *   | 200 · Accounts... | -1,798.50 |
| Bill Pmt -Check | 4/14/2011 | 33340 |      | 109 · CBB Checking... |     | 200 · Accounts... | -1,798.50 |

Exhibit 1  
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# **MANUEL HERNANDEZ - DRAWS**

| DATE     | CASH | CHECK # | AMOUNT    |
|----------|------|---------|-----------|
| 2/11/10  |      | 32361   | \$ 660.00 |
| 2/19/10  |      | 32383   | \$ 120.00 |
| 2/25/10  |      | 32396   | \$ 300.00 |
| 3/19/10  |      | 32441   | \$ 100.00 |
| 3/26/10  |      | 32456   | \$ 175.00 |
| 4/2/10   |      | 32470   | \$ 220.00 |
| 4/13/10  |      | 32486   | \$ 600.00 |
| 4/28/10  |      | 32524   | \$ 200.00 |
| 5/18/10  |      | 32545   | \$ 300.00 |
| 5/27/10  |      | 32566   | \$ 200.00 |
| 5/28/10  |      | 32567   | \$ 200.00 |
| 6/21/10  |      | 32625   | \$ 200.00 |
| 6/21/10  | CASH |         | \$ 70.00  |
| 6/22/10  | CASH |         | \$ 35.00  |
| 6/23/10  | CASH |         | \$ 20.00  |
| 6/24/10  | CASH |         | \$ 20.00  |
| 6/26/10  | CASH |         | \$ 10.00  |
| 6/28/10  | CASH |         | \$ 50.00  |
| 6/29/10  | CASH |         | \$ 20.00  |
| 6/30/10  |      | 32643   | \$ 150.00 |
| 6/30/10  | CASH |         | \$ 10.00  |
| 7/1/10   | CASH |         | \$ 10.00  |
| 7/2/10   | CASH |         | \$ 10.00  |
| 7/5/10   | CASH |         | \$ 45.00  |
| 7/7/10   | CASH |         | \$ 30.00  |
| 7/9/10   | CASH |         | \$ 260.55 |
| 7/10/10  | CASH |         | \$ 100.00 |
| 7/12/10  | CASH |         | \$ 160.55 |
| 7/13/10  | CASH |         | \$ 20.00  |
| 7/16/10  |      | 32681   | \$ 150.00 |
| 7/17/10  | CASH |         | \$ 180.00 |
| 7/20/10  | CASH |         | \$ 45.00  |
| 7/21/10  | CASH |         | \$ 60.00  |
| 7/22/10  | CASH |         | \$ 10.00  |
| 7/23/10  | CASH |         | \$ 208.00 |
| 7/28/10  | CASH |         | \$ 5.00   |
| 7/29/10  |      | 32719   | \$ 250.00 |
| 7/29/10  | CASH |         | \$ 80.00  |
| 7/30/10  | CASH |         | \$ 20.00  |
| 8/2/10   | CASH |         | \$ 165.00 |
| 8/3/10   | CASH |         | \$ 40.00  |
| 8/6/10   |      | 32739   | \$ 500.00 |
| 8/6/10   | CASH |         | \$ 260.00 |
| 8/6/10   |      | 32741   | \$ 150.00 |
| 8/10/10  | CASH |         | \$ 50.00  |
| 8/11/10  | CASH |         | \$ 20.00  |
| 8/13/10  | CASH |         | \$ 45.00  |
| 8/14/10  | CASH |         | \$ 130.00 |
| 10/22/10 | CASH |         | \$ 10.00  |
| 10/23/10 | CASH |         | \$ 10.00  |

# MANUEL HERNANDEZ - DRAWS

|          |      |       |    |        |
|----------|------|-------|----|--------|
| 10/26/10 | CASH |       | \$ | 20.00  |
| 10/28/10 |      | 32943 | \$ | 150.00 |
| 10/29/10 | CASH |       | \$ | 30.00  |
| 10/30/10 | CASH |       | \$ | 50.00  |
| 11/2/10  | CASH |       | \$ | 120.00 |
| 11/4/10  |      | 32960 | \$ | 70.00  |
| 11/4/10  | CASH |       | \$ | 10.00  |
| 11/6/10  | CASH |       | \$ | 150.00 |
| 11/11/10 | CASH |       | \$ | 10.00  |
| 11/15/10 | CASH |       | \$ | 190.00 |
| 11/19/10 |      | 32998 | \$ | 150.00 |
| 11/22/10 | CASH |       | \$ | 150.00 |
| 11/29/10 |      | 33018 | \$ | 160.00 |
| 11/29/10 | CASH |       | \$ | 20.00  |
| 11/30/10 | CASH |       | \$ | 30.00  |
| 12/2/10  | CASH |       | \$ | 20.00  |
| 12/3/10  | CASH |       | \$ | 10.00  |
| 12/6/10  |      | 33035 | \$ | 100.00 |
| 12/6/10  | CASH |       | \$ | 150.00 |
| 12/7/10  | CASH |       | \$ | 15.00  |
| 12/8/10  | CASH |       | \$ | 10.00  |
| 12/9/10  | CASH |       | \$ | 15.00  |
| 12/10/10 | CASH |       | \$ | 150.00 |
| 12/13/10 | CASH |       | \$ | 10.00  |
| 12/14/10 | CASH |       | \$ | 7.00   |
| 12/15/10 | CASH |       | \$ | 80.00  |
| 12/16/10 | CASH |       | \$ | 30.00  |
| 12/18/10 | CASH |       | \$ | 40.00  |
| 12/20/10 | CASH |       | \$ | 5.00   |
| 12/21/10 |      | 33075 | \$ | 150.00 |
| 12/21/10 | CASH |       | \$ | 10.00  |
| 12/23/10 | CASH |       | \$ | 105.00 |
| 12/24/10 | CASH |       | \$ | 232.04 |
| 12/28/10 | CASH |       | \$ | 25.00  |
| 12/29/10 | CASH |       | \$ | 10.00  |
| 12/30/10 | CASH |       | \$ | 60.00  |
| 12/31/10 |      | 33105 | \$ | 175.00 |
| 1/3/10   | CASH |       | \$ | 20.00  |
| 1/4/10   | CASH |       | \$ | 5.00   |
| 1/5/10   | CASH |       | \$ | 190.00 |
| 1/6/10   |      | 33121 | \$ | 90.00  |
| 1/7/10   |      | 33124 | \$ | 100.00 |
| 1/7/10   | CASH |       | \$ | 5.00   |
| 1/8/10   | CASH |       | \$ | 20.00  |
| 1/10/10  | CASH |       | \$ | 50.00  |
| 1/12/10  | CASH |       | \$ | 10.00  |
| 1/14/10  | CASH |       | \$ | 40.00  |
| 1/17/10  | CASH |       | \$ | 125.00 |
| 1/20/10  |      | 33154 | \$ | 100.00 |
| 1/20/10  | CASH |       | \$ | 10.00  |
| 1/21/10  | CASH |       | \$ | 145.00 |

# MANUEL HERNANDEZ - DRAWS

|         |      |       |    |           |
|---------|------|-------|----|-----------|
| 1/22/10 | CASH |       | \$ | 58.00     |
| 1/24/10 | CASH |       | \$ | 59.29     |
| 1/25/10 | CASH |       | \$ | 5.00      |
| 1/27/10 | CASH |       | \$ | 30.00     |
| 1/28/10 | CASH |       | \$ | 40.00     |
| 1/29/10 | CASH |       | \$ | 14.00     |
| 1/31/10 |      | 33182 | \$ | 265.00    |
| 1/31/10 | CASH |       | \$ | 5.00      |
| 2/1/10  | CASH |       | \$ | 52.00     |
| 2/2/10  | CASH |       | \$ | 16.00     |
| 2/3/10  | CASH |       | \$ | 20.00     |
| 2/4/10  | CASH |       | \$ | 45.00     |
| 2/5/10  | CASH |       | \$ | 20.00     |
| 2/7/10  | CASH |       | \$ | 5.00      |
| 2/8/10  | CASH |       | \$ | 7.00      |
| 2/9/10  | CASH |       | \$ | 140.00    |
| 2/10/10 | CASH |       | \$ | 6.00      |
| 2/11/10 | CASH |       | \$ | 10.00     |
| 2/12/10 | CASH |       | \$ | 50.00     |
| 2/14/10 | CASH |       | \$ | 40.00     |
| 2/15/10 | CASH |       | \$ | 20.00     |
| 2/16/10 | CASH |       | \$ | 25.00     |
| 2/17/10 | CASH |       | \$ | 15.00     |
| 2/18/10 |      | 33236 | \$ | 150.00    |
| 2/18/10 | CASH |       | \$ | 5.00      |
| 2/19/10 | CASH |       | \$ | 30.00     |
| 2/21/10 | CASH |       | \$ | 130.00    |
| 2/22/10 | CASH |       | \$ | 10.00     |
| 2/23/10 | CASH |       | \$ | 6.00      |
| 2/24/10 | CASH |       | \$ | 11.00     |
| 2/24/10 | CASH |       | \$ | 250.00    |
| 2/26/10 | CASH |       | \$ | 5.00      |
| 2/28/10 |      | 33255 | \$ | 250.00    |
| 2/28/10 | CASH |       | \$ | 80.00     |
| 3/1/10  | CASH |       | \$ | 10.00     |
| 3/2/10  | CASH |       | \$ | 35.00     |
|         |      |       |    |           |
|         |      |       | \$ | 12,232.43 |



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04/16/11

## MEDI-STOP HOME MEDICAL SUPPLIER

## Vendor QuickReport

March 2 through April 16, 2011

| Type                    | Date      | Num   | Account               | Clr | Split             | Amount  |
|-------------------------|-----------|-------|-----------------------|-----|-------------------|---------|
| <b>MANUEL HERNANDEZ</b> |           |       |                       |     |                   |         |
| Check                   | 3/2/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -35.00  |
| Check                   | 3/4/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -45.00  |
| Check                   | 3/5/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -20.00  |
| Check                   | 3/7/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -15.00  |
| Check                   | 3/7/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -451.03 |
| Check                   | 3/8/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -25.00  |
| Check                   | 3/8/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -181.05 |
| Check                   | 3/10/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -10.00  |
| Check                   | 3/11/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -25.00  |
| Check                   | 3/12/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -10.00  |
| Check                   | 3/14/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -60.00  |
| Check                   | 3/15/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -335.26 |
| Check                   | 3/15/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -7.00   |
| Check                   | 3/17/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -13.00  |
| Check                   | 3/19/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -20.00  |
| Check                   | 3/21/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -30.00  |
| Check                   | 3/22/2011 | 100   | PETTY CASH            |     | 2630 · MAINT...   | -20.00  |
| Check                   | 3/22/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -10.00  |
| Bill                    | 3/23/2011 | 200   | Accounts Paya...      |     | 1400 · Loans R... | -150.00 |
| Bill Pmt -Check         | 3/24/2011 | 33320 | 109 · CBB Checking .. | X   | 200 · Accounts... | -150.00 |
| Check                   | 3/24/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -35.00  |
| Check                   | 3/25/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -20.00  |
| Check                   | 3/26/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -65.00  |
| Check                   | 3/28/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -25.00  |
| Check                   | 3/29/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -100.00 |
| Bill                    | 3/30/2011 | 200   | Accounts Paya...      |     | 1400 · Loans R... | -265.00 |
| Bill Pmt -Check         | 3/30/2011 | 33325 | 109 · CBB Checking... | X   | 200 · Accounts... | -265.00 |
| Check                   | 3/31/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -40.00  |
| Check                   | 4/1/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -5.00   |
| Check                   | 4/2/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -40.00  |
| Check                   | 4/4/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -82.71  |
| Check                   | 4/5/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -15.00  |
| Check                   | 4/5/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -315.40 |
| Check                   | 4/6/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -213.06 |
| Check                   | 4/6/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -10.00  |
| Check                   | 4/7/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -35.00  |
| Check                   | 4/9/2011  | 100   | PETTY CASH            |     | 1400 · Loans R... | -70.00  |
| Check                   | 4/12/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -67.00  |
| Check                   | 4/13/2011 | 100   | PETTY CASH            |     | 1400 · Loans R... | -5.00   |

**United States Bankruptcy Court**  
**Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Debtor(s)

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)<br><i>Name of creditor and complete mailing address including zip code</i>                      | (2)<br><i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | (3)<br><i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>   | (4)<br><i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | (5)<br><i>Amount of claim [if secured, also state value of security]</i> |
|---|---|--|---|--|
| <b>Broadway Federal Bank<br/>4800 Wilshire Boulevard<br/>Los Angeles, CA 90010</b>                  | <b>Broadway Federal Bank<br/>4800 Wilshire Boulevard<br/>Los Angeles, CA 90010</b>  | <b>Guaranty of Commercial Loan obtained by Manuel Hernandez secured by real property located at 815 34th Street, Bakersfield, CA</b> | <b>Contingent Unliquidated</b>  | <b>287,004.89</b>  |
| <b>Pride Mobility Products Corp.<br/>182 Susquehanna Avenue<br/>Pittston, PA 18643-2694</b>         | <b>Pride Mobility Products Corp.<br/>182 Susquehanna Avenue<br/>Pittston, PA 18643-2694</b>   | <b>Purchase of Inventory</b>   |   | <b>27,286.45</b>   |
| <b>Pacific West Medical<br/>10859 Venice Blvd.<br/>Los Angeles, CA 90034</b>                        | <b>Pacific West Medical<br/>10859 Venice Blvd.<br/>Los Angeles, CA 90034</b>  | <b>Purchase of inventory</b>   |   | <b>21,391.74</b>   |
| <b>AT&amp;T Advertising<br/>170 W. Shaw Avenue<br/>Fresno, CA 93704</b>                             | <b>AT&amp;T Advertising<br/>170 W. Shaw Avenue<br/>Fresno, CA 93704</b>   | <b>Advertising</b>   |   | <b>21,100.88</b>   |
| <b>State Board of Equalization<br/>P.O. Box 942879<br/>Sacramento, CA 94279</b>                     | <b>State Board of Equalization<br/>P.O. Box 942879<br/>Sacramento, CA 94279</b>   | <b>Sales and Use Tax</b>   |   | <b>6,711.56</b>  |
| <b>Advanced Bookkeeping and Tax Preparation, Inc.<br/>113 18th Street<br/>Bakersfield, CA 93301</b> | <b>Advanced Bookkeeping and Tax Preparation, Inc.<br/>113 18th Street<br/>Bakersfield, CA 93301</b>   | <b>Professional Services</b>   |   | <b>6,094.74</b>  |
| <b>Shell Fleet<br/>Post Office Box 689010<br/>Des Moines, IA 50368-9010</b>                         | <b>Shell Fleet<br/>Post Office Box 689010<br/>Des Moines, IA 50368-9010</b>   | <b>Purchase of Fuel</b>  |   | <b>3,900.03</b>  |
| <b>Pawnee Leasing Corporation<br/>700 Centre Avenue<br/>Fort Collins, CO 80526</b>                  | <b>Pawnee Leasing Corporation<br/>700 Centre Avenue<br/>Fort Collins, CO 80526</b>  | <b>Lease Arrearages</b>  |   | <b>2,865.75</b>  |
| <b>Karman Healthcare, Inc.<br/>19255 San Jose Avenue<br/>Rowland Heights, CA 91748</b>              | <b>Karman Healthcare, Inc.<br/>19255 San Jose Avenue<br/>Rowland Heights, CA 91748</b>  | <b>Purchase of inventory</b>   |   | <b>2,477.00</b>  |
| <b>GMAC<br/>PO Box 380902<br/>Bloomington, MN 55438</b>   | <b>GMAC<br/>PO Box 380902<br/>Bloomington, MN 55438</b>   | <b>2008 GMC Savana<br/>3500 Cargo Van</b>  |   | <b>14,487.00</b><br><br><b>(12,775.00 secured)</b>                       |

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

| (1)<br><i>Name of creditor and complete mailing address including zip code</i>                  | (2)<br><i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | (3)<br><i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | (4)<br><i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | (5)<br><i>Amount of claim [if secured, also state value of security]</i> |
|---|---|--|---|--|
| <b>Pitney Bowes Purchase Power</b><br>Post Office Box 371874<br>Pittsburgh, PA 15250-7874       | <b>Pitney Bowes Purchase Power</b><br>Post Office Box 371874<br>Pittsburgh, PA 15250-7874   | <b>Postage</b>   |   | <b>1,248.86</b>  |
| <b>May Media Service</b><br>29 Oleander<br>Bakersfield, CA 93304                                | <b>May Media Service</b><br>29 Oleander<br>Bakersfield, CA 93304  | <b>Marketing Expenses</b>  |   | <b>996.00</b>  |
| <b>Julius Zorn, Inc.</b><br>3690 Zorn Drive<br>Post Office Box 1088<br>Cuyahoga Falls, OH 44223 | <b>Julius Zorn, Inc.</b><br>3690 Zorn Drive<br>Post Office Box 1088<br>Cuyahoga Falls, OH 44223   | <b>Purchase of inventory</b>   |   | <b>987.87</b>  |
| <b>Almil Nutritional Products, Inc.</b><br>Post Office Box 1632<br>La Mirada, CA 90637-1632     | <b>Almil Nutritional Products, Inc.</b><br>Post Office Box 1632<br>La Mirada, CA 90637-1632   | <b>Purchase of Inventory</b>   |   | <b>808.67</b>  |
| <b>Beaumont Products, Inc.</b><br>1560 Big Shanty Drive<br>Kennesaw, GA 30144                   | <b>Beaumont Products, Inc.</b><br>1560 Big Shanty Drive<br>Kennesaw, GA 30144   | <b>Purchase of inventory</b>   |   | <b>647.22</b>  |
| <b>Harmar Mobility</b><br>2075 47th Street<br>Sarasota, FL 34234                                | <b>Harmar Mobility</b><br>2075 47th Street<br>Sarasota, FL 34234  | <b>Purchase of inventory</b>   |   | <b>500.00</b>  |
| <b>McBee Systems, Inc.</b><br>Post Office Box 88042<br>Chicago, IL 60680-1042                   | <b>McBee Systems, Inc.</b><br>Post Office Box 88042<br>Chicago, IL 60680-1042   | <b>Purchase of Supplies</b>  |   | <b>433.17</b>  |
| <b>Nova Ortho-Med, Inc.</b><br>1470 Beachey Place<br>Carson, CA 90746                           | <b>Nova Ortho-Med, Inc.</b><br>1470 Beachey Place<br>Carson, CA 90746   | <b>Purchase of Inventory</b>   |   | <b>432.37</b>  |
| <b>TeleCheck Services, Inc.</b><br>Post Office Box 60028<br>City of Industry, CA 91716-0028     | <b>TeleCheck Services, Inc.</b><br>Post Office Box 60028<br>City of Industry, CA 91716-0028   | <b>Services rendered</b>   |   | <b>403.90</b>  |
| <b>Garcia Roofing, Inc.</b><br>201 Mt. Vernon Avenue<br>Bakersfield, CA 93307                   | <b>Garcia Roofing, Inc.</b><br>201 Mt. Vernon Avenue<br>Bakersfield, CA 93307   | <b>Services Rendered</b>   |   | <b>400.00</b>  |

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date April 15, 2011

Signature /s/ MANUEL G. HERNANDEZ  
**MANUEL G. HERNANDEZ**  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Eastern District of California**

In re MEDI-STOP HOME MEDICAL SUPPLIES, INC.

Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

| Name and last known address<br>or place of business of holder         | Security<br>Class | Number<br>of Securities | Kind of<br>Interest |
|---|-------------------|-------------------------|---------------------|
| <b>Manuel Hernandez<br/>815 34th Street<br/>Bakersfield, CA 93301</b> |                   | <b>10,000 Shares</b>    | <b>Common Stock</b> |

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 15, 2011

Signature /s/ MANUEL G. HERNANDEZ

**MANUEL G. HERNANDEZ  
President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
Eastern District of California**

In re **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **MEDI-STOP HOME MEDICAL SUPPLIES, INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**April 15, 2011**

Date



**/s/ T. Scott Belden**

**T. Scott Belden 184387**

Signature of Attorney or Litigant

Counsel for **MEDI-STOP HOME MEDICAL SUPPLIES, INC.**

**Klein, DeNatale, Goldner,**

**Cooper, Rosenlieb & Kimball, LLP**

**4550 California Avenue, Second Floor**

**Bakersfield, CA 93309**

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**sbelden@kleinlaw.com**